

Exhibit 1

**CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM**

For Accounting use:

Fiscal Year: _____
 Period: _____
 Transaction Date: _____

Accounting Approval: _____
 Entered By: _____
 Group Number: _____

Department/Division Police Department/Forfeiture Fund 106

Dept. Authorization _____

Account Number	Fund / Account Description	Increase	Decrease
106-0000-389.90-00 ✓	Other Sources/Fund Balance ✓	\$ 13,000	
106-2100-521.64-25 ✓	Machinery & Equipment/EDP Equipment ✓	\$ 13,000	

Count	TOTAL	\$26,000	\$0
		-----Must Balance----- (Do not use cents)	

Notes / Comments
 Purchase of Training Tracking System, Training and Officer Safety Equipment.

Approved By: Check Appropriate Box OK DW 5/8/14	City Council: Exceeds \$35,000	Informational Note Only: Programs/Capital not budgeted must be presented to Council	Resolution # 2839-14
	City Manager: Less than \$35,000		Approval Date: 05/05/14
	Mgt Srvc Director: Internal		BA # - 2014-054
	Signature: _____	[Date Signed: _____]	

Robert R. Hayes
5/8/14